



Massachusetts Department of Environmental Protection
Bureau of Air & Waste
Underground Storage Tank (UST) Program
UST1 – Cover Sheet/Certification

UST Facility

UST Facility ID #

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Notes:

- If this is a new facility registration, MassDEP will provide you with a Facility Account Number

- A New Facility must be registered within 30 days of the tank(s) receiving regulated product.

- A New Owner must be registered within 30 days of taking ownership.

Check the appropriate category(s). Complete and attach ONLY the required forms.

Register a New Facility and/or Owner

- ☐ UST2–Owner/Operator & Facility Registration Attached
- ☐ UST3–Financial Responsibility Registration Attached
- ☐ UST4–Tank, Piping & Component Registration Attached

Register a UST System Removal/Closure & Assessment

- ☐ UST 6–UST System Removal/Closure in Place Attached

Update Existing Owner/Operator/Facility Information
(Not a New Owner)

- ☐ UST2–Owner/Operator/Facility Registration Attached

Register a New UST System & Components

- ☐ UST4–Tank, Piping & Component Registration Attached

Update Financial Responsibility Information

- ☐ UST3–Financial Responsibility Registration Attached

Register a Change of Tank Status/Product

- ☐ UST5–Change of Tank Status/Product Attached

Update Existing UST System/Component Information

- ☐ UST4–Tank, Piping & Component Registration Attached

A. Legal Owner Of UST(s)

a. Individual/Entity Name

b. Contact Name

c. Contact Email Address

d. Address 1 – Note: Enter Mailing Address of the Owner Contact

e. Address 2

f. City/Town

g. State

h. Zip Code

B. UST Facility Information

a. Facility Name

b. Address 1 – Note: Enter Physical Street Address (No P.O. Boxes).

c. Address 2

d. City/Town

MA

e. State

f. Zip Code

Continue to Next Page ►



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Notes:

• The Owner must retain a copy of the registration until the UST system is removed or permanently closed in accordance with 310 CMR 80.43(2) or (3).

• Forms may be scanned and submitted electronically to dep.ust@state.ma.us or mailed to:

MassDEP
UST Program
P.O. Box 120-165
Boston, MA 02112-0165

C. Certification Statement

Important: A new Facility registration and new Owner registration must be certified only by the Owner.
The Owner may designate the Operator to certify updated registration submittals.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

I am the Facility's ☐ Owner ☐ Operator

1. Print Name

2. Owner/Operator Entity Name

3. Signature

4. Date Signed (MM/DD/YYYY)

5. Source of Signatory Authority (check only one box below):

If a Corporation or Non-Profit Corporation:

- a. ☐ President
- b. ☐ Secretary
- c. ☐ Treasurer
- d. ☐ Vice President (if authorized to bind the corporation)
- e. ☐ Employee of the Corporation (if authorized to bind the corporation)

If a Limited Liability Company (LLC):

- f. ☐ Person authorized to bind the company

If a Partnership:

- g. ☐ General Partner (if authorized to bind the partnership)

If a Sole Proprietorship:

- h. ☐ Proprietor

If a Municipality or Public Agency:

- i. ☐ Principal Executive Officer
- j. ☐ Ranking Elected Official (if authorized to bind the municipality or public agency)

If a Trust:

- k. ☐ Trustee or Other Person authorized to bind the trust